10-26-07

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| onder the Paperwork                               | Reduction Act of 1995, no person   | s are required to res   | Application Number     | nation unless it displays a valid OMB control number 10/721,922-Conf. #5830  |  |  |  |  |  |  |
| TRANSMITTAL                                       |                                    |   | Filing Date            | November 24, 2003  |  |  |  |  |  |  |
|   | FORM                               |   |                        | Markus POMPEJUS  |  |  |  |  |  |  |
|   |                                    |   | Art Unit               | 1635   |  |  |  |  |  |  |
| (to be use  | ed for all correspondence after in | itial filing)   | Examiner Name          | J. J. Zara   |  |  |  |  |  |  |
| Total Number                                      | r of Pages in This Submissio       | n   | Attorney Docket Numb   | BGI-132CPCN  |  |  |  |  |  |  |
| ENCLOSURES (Check all that apply)                 |                                    |   |                        |  |  |  |  |  |  |  |
| X Fee Transn                                      | nittal Form                        | Drawing(s)  |                        | After Allowance Communication to TC  |  |  |  |  |  |  |
| Fee A   | Fee Attached Licensing-rela        |   |                        | Appeal Communication to Board of Appeals and Interferences   |  |  |  |  |  |  |
| Amendmer  | nt/Reply                           | Petition  |                        | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)   |  |  |  |  |  |  |
| After   | Final                              | Petition to Co<br>Provisional A                                   |                        | Proprietary Information  |  |  |  |  |  |  |
| Affidavits/declaration(s)                         |                                    | Power of Attorney, Revocation<br>Change of Correspondence Address |                        | Status Letter  |  |  |  |  |  |  |
| Extension   | of Time Request                    | Terminal Disclaimer   |                        | X Other Enclosure(s) (please Identify below):  |  |  |  |  |  |  |
| Express At  | pandonment Request                 | Request for Refund  |                        | PTO form SB/08; Certificate of Mailing; Return Receipt Postcard;   |  |  |  |  |  |  |
| x Information                                     | Disclosure Statement               | CD, Number of CD(s)   |                        | Copies of Three Hundred and Eighty-two (382) References  |  |  |  |  |  |  |
| Certified Copy of Priority Document(s)            |                                    | Landsc  | ape Table on CD        |  |  |  |  |  |  |  |
| Reply to Missing Parts/<br>Incomplete Application |                                    | Remarks   |                        |  |  |  |  |  |  |  |
| Reply to Missing Parts under 37 CFR 1.52 or 1.53  |                                    |   |                        |  |  |  |  |  |  |  |
| •   |                                    |   |                        |  |  |  |  |  |  |  |
|   |                                    |   |                        |  |  |  |  |  |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT        |                                    |   |                        |  |  |  |  |  |  |  |
| Firm Name   | LAHIVE & COCKFIELD, LLP            |   |                        |  |  |  |  |  |  |  |
| Signature   | Mes.                               |   |                        |  |  |  |  |  |  |  |

Printed name Date Reg. No. October 25, 2007 60,963

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| FEE TRANSMITTAL FOR FY 2008  Applicant claims small entity stabus. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (5) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (6) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (7) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (6) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (6) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (6) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (6) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (6) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (7) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (7) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (7) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (8) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (8) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (8) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (8) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (8) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (8) 180.00  Check Credit Card Money Order Instable Account Name Lahive & Cockfield, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Check Credit Card Money Order Instable Account Name Lahive & Cockfield, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Check Credit Card Money Order Instable & Cockfield, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Check Credit Card Money Order Instable Account Name Lahive & Cockfield, LLP  For the above-identified deposit account Name Lahive & Cockfield, LLP  For the above-identified deposit account Name Lahive & Cockfield, LLP  For the above-identified deposit Account Name Lahive & Cockfield, LLP  For the above-identified Account Name Lahive & Cockfield, LLP  For the above-identified  | FEE TRANSMITTAL FOR TY 2008  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (s) 180.00 Attompt Docket No. BGI-132CPCN  METHOD OF PAYMENT (theck all that apply)  Check Credit Card Money Order None Other (please identify):  Check Credit Card Money Order None Other (please identify):  Check Credit Card Money Order None Other (please identify):  Check Credit Card Money Order None Other (please identify):  Check Credit Card Money Order None Other (please identify):  Check Credit Card Money Order None Other (please identify):  Charge fee(s) indicated below Credit Card None Other (please identify):  Charge any additional fee(s) or underpayments of For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  FEE CALCULATION  1. BASIC Filling, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type Fee (s)  | Effective on 12/08/2004.  |                        |                      |                                 | Complete if Known |                        |                         |              |               |  |  |
|--|--|---|------------------------|----------------------|---------------------------------|-------------------|------------------------|-------------------------|--------------|---------------|--|--|
| FOR FY 2008    First Named Inventor   First Name   J. J. Zara  | For FY 2008  First Named Inventor  Applicant claims small entity status. See 37 CFR 1.27  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (check all that apply)  Check  Credit Card  Money Order  None  Other (please identify):  Deposit Account Name  Lahive & Cockfield, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below  X Charge fee(s) indicated below  X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Search FEES  Sear  |   |                        |                      | Application Number              |                   | 10/721,922-Conf. #5830 |                         |              |               |  |  |
| FOR FY 2008    First Named Inventor   First Name   J. J. Zara  | For FY 2008  First Named Inventor  Applicant claims small entity status. See 37 CFR 1.27  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (check all that apply)  Check  Credit Card  Money Order  None  Other (please identify):  Deposit Account Name  Lahive & Cockfield, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below  X Charge fee(s) indicated below  X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Search FEES  Sear  | FEE TRANSMITTAL   |                        |                      | Filing Date                     |                   | November 24, 2003      |                         |              |               |  |  |
| Application small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (5) 180.00  Attorney Docket No.  BGI-132CPCN  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 12-0080  Deposit Account Name: Lahive & Cockfield, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee  X Charge any additional fee(s) or underpayments of Charge fee(s) indicated below, except for the filling fee  X Charge any additional fee(s) or underpayments of Ree(s) indicated below, except for the filling fee  X Charge any additional fee(s) or underpayments of Ree(s) indicated below, except for the filling fee  X Charge any additional fee(s) or underpayments of Ree(s) indicated below, except for the filling fee  X Charge any additional fee(s) or underpayments of Ree(s) indicated below, except for the filling fee  X Credit any overpayments  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  Small Entity  Small Entity  Small Entity  Each (s) Fee (s) Fee (s) Fee (s) Fee (s) Fee (s)  Fee (s) Fee (s) Fee (s)  Fee (s) Fee (s) Fee (s)  Fee Paid (s)  Provisional  2 10 105 100 50 130 65  2 EXCESS CLAIM FEES  Fee Description  Each claim over 3 (including Reissues)  Solublified depondent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Fee Paid (\$)   | Application Type Fee (3) Fee (3) Fee (3) Fee (3) Plant 210 105 Provisional 210 105 100 105 100 00 00 105 Plant 210 105 100 00 00 00 105 100 00 00 00 105 100 00 00 00 00 00 00 00 00 00 00 00 00   |   |                        |                      |                                 | First Named Inv   | entor                  | Markus POMPEJUS         |              |               |  |  |
| METHOD OF PAYMENT (check all that apply)   | METHOD OF PAYMENT (check all that apply)   | FOF F ¥ 2008  |                        |                      |                                 | Examiner Name     |                        | J. J. Zara              |              |               |  |  |
| Check  | Check  | Applicant cla   | ims small entity statu | us. See 37 CFR 1.27  |                                 | Art Unit 1635     |                        |                         |              |               |  |  |
| Check Credit Card Money Order None Other (please identify):    X   Deposit Account Deposit Account Namer   12-0080   Deposit Account Namer   Lahive & Cockfield, LLP   | Check Credit Card Money Order None Other (please idensify):    X   Deposit Account   Deposit Account Number:   12-0080   Deposit Account Name:   Lahive & Cockfield, LLP   | TOTAL AMOUNT OF PAYMENT (\$) 180.00   |                        |                      | Attorney Docket No. BGI-132CPCN |                   |                        |                         |              |               |  |  |
| The posit Account   Deposit Account Number   12-0080   Deposit Account Name:   Lahive & Cockfield, LLP   | X   Deposit Account   Deposit Account Number   12-0080   Deposit Account Name:   Lahive & Cockfield, LLP   | METHOD OF PA  | AYMENT (check          | all that apply)      |                                 |                   |                        |                         |              |               |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below  | For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   X   Charge fee(s) indicated below, except for the filling fee   X   Charge fee(s) indicated below, except for the filling fee   X   Charge fee(s) indicated below, except for the filling fee   X   Credit any overpayments  | Check   | Credit Card            | Money Order          | Nor                             | ne Other (        | please iden            | ify):                   |              |               |  |  |
| Charge fee(s) indicated below    Charge fee(s) indicated below, except for the filing fee  | Charge fee(s) indicated below    Charge fee(s) indicated below, except for the filling fee   X   Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  | x Deposit Accou   | nt Deposit Account N   | lumber: 12-0         | 080                             | Deposit /         | Account Nar            | ne:Lahive 8             | Cockfield    | I, LLP        |  |  |
| The Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity Application Type Fee (s) Fee   | Charge any additional fee(s) or underpayments of   x   Credit any overpayments   | For the abo   | ve-identified depo     | sit account, the Dir | ector is                        | hereby authorize  | d to: (che             | eck all that apply)     |              |               |  |  |
| Total Claims   Extra Claims   Fee (\$)   Fee (\$)   Fee Paid (\$)  | Tele   Fee   | x Char  | ge fee(s) indicated    | below                |                                 | Charge            | e fee(s) ir            | ndicated below, e       | xcept for th | ne filing fee |  |  |
| Application Type   | Application Type   |   |                        |                      | ents of                         | x Credit          | any over               | payments                |              |               |  |  |
| Filling FEES   Small Entity   Fee (\$)   Fee | Filling FEES   Small Entity   Fee (\$)   Fee | FEE CALCULAT  | rion                   |                      |                                 | <del>.</del>      |                        |                         |              | -             |  |  |
| Application Type   | Papellication Type   | 1. BASIC FILING,  | SEARCH, AND EX         | CAMINATION FEE       | <del></del>                     |                   |                        |                         |              |               |  |  |
| Application Type   | Application Type   |   | FIL                    |                      | SEA                             |                   | EXAM                   |                         |              |               |  |  |
| Utility 310 155 510 255 210 105  Design 210 105 100 50 130 65  Plant 210 105 310 155 160 80  Reissue 310 155 510 255 620 310  Provisional 210 105 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Multiple dependent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof. See (\$) Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00  | Utility  | Application Type  | Fee (\$)               |                      | Fee (\$                         |                   | Fee (\$)               |                         | Fees F       | Paid (\$)     |  |  |
| Plant  | Plant  | Utility   | 310                    | <del></del>          |                                 |                   | `                      |                         |              |               |  |  |
| Plant  | Plant  | Design  | 210                    | 105                  | 100                             | 50                | 130                    | 65                      |              |               |  |  |
| Reissue 310 155 510 255 620 310  Provisional 210 105 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement  Registration No. 60 063 Telephone (617) 774 0773  | Reissue  | -   | 210                    | 105                  | 310                             | 155               |                        |                         |              |               |  |  |
| Provisional 210 105 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  | Provisional 210 105 0 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claim over 3 (including Reissues)  Multiple dependent claim over 3 (including Reissues)  Multiple dependent claim   | Reissue   | 310                    | 155                  | 510                             | 255               | 620                    |                         |              |               |  |  |
| 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Each independent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.60 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x  Fee Paid (\$)  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): 1806 Submission of an Information Disclosure Statement  Registration No. 60 962 Talephone (617) 774 0773  | 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)    Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement   180.00   |   |                        |                      |                                 |                   |                        |                         |              |               |  |  |
| Fee (\$) Fee (\$)  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof. Fee (\$)  Fee Paid (\$)  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement  Registration No. 60 963 Telephone (647) 774 0773   | Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Registration No. (Altorney/Agent)   | 2. EXCESS CLAIM   | FEES                   |                      | •                               | •                 | · ·                    | v                       |              | Small Entity  |  |  |
| Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement  Registration No. 60 963 Telephone (617) 774 0773  | Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement  Registration No. (Altorney/Agent)   | Fee Description   |                        |                      |                                 |                   |                        |                         |              |               |  |  |
| Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement  Registration No. 60.063  Telephone (617) 774 0773   | Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement  Registration No. (Altomey/Agent)   |   |                        | •                    |                                 |                   |                        |                         | 50           | 25            |  |  |
| Total Claims    Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims  | Total Claims    Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims  |   |                        | iding Reissues)      |                                 |                   |                        |                         | 210          | 105           |  |  |
| HP = highest number of total claims paid for, if greater than 20.  Indep. Claims   | HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 60,963 Telephone (617) 774-0773  | Multiple dependent  | t claims               |                      |                                 |                   |                        |                         | 370          | 185           |  |  |
| HP = highest number of total claims paid for, if greater than 20.  Indep. Claims   | HP = highest number of total claims paid for, if greater than 20.    Indep. Claims   | Total Claims  | Extra Claims           | Fee (\$)             | Fee F                           | Paid (\$)         | <u> </u>               | <u>fultiple Depende</u> | ent Claims   |               |  |  |
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| HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets   | HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  [round up to a whole number) x = 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00  SUBMITTED BY  Signature  Registration No.  (Attorney/Agent) 60,963 Telephone (617) 774-0773   | Indep. Claims   |                        |                      | Fee F                           | Paid (\$)         |                        |                         |              |               |  |  |
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| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  =  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement  180.00  SUBMITTED BY  Registration No. 60 963 Talophore (617) 774 0773  | sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =   4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 60,963 Telephone (617) 774-0773   | If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer |                        |                      |                                 |                   |                        |                         |              |               |  |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 =   | Total Sheets Extra Sheets Number of each additional 50 or fraction thereof   | sheets or fraction thereof. See 35 ILS C 41(a)(1)(G) and 37 CFR 1.16(c)   |                        |                      |                                 |                   |                        |                         |              |               |  |  |
| - 100 = /50 = (round up to a whole number) x =   4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00  SUBMITTED BY  Registration No. 60 963 Telephone (617) 774 0773  | 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00  SUBMITTED BY  Signature  Registration No. (Altorney/Agent) 60,963 Telephone (617) 774-0773   |   |                        |                      |                                 |                   |                        |                         |              |               |  |  |
| A. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00  SUBMITTED BY  Registration No. 60.963 Telephone (647) 774 0773   | A. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00  SUBMITTED BY Signature Registration No. (Altomey/Agent) 60,963 Telephone (617) 774-0773  |   |                        |                      |                                 |                   |                        |                         |              |               |  |  |
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| SUBMITTED BY  Registration No. 60 963 Telephone (647) 774 0773   | SUBMITTED BY Signature Registration No. (Altorney/Agent) 60,963 Telephone (617) 774-0773   |   |                        |                      |                                 |                   |                        |                         |              |               |  |  |
| Registration No. 60 963 Telephone (647) 774 0773   | Registration No. (Attorney/Agent) 60,963 Telephone (617) 774-0773  | Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00                |                        |                      |                                 |                   |                        |                         |              |               |  |  |
|  | (Attorney/Agent) 00,963 Teleprioris (617) 774-0773   | SUBMITTED BY  | 1/                     |                      |                                 |                   |                        |                         |              |               |  |  |
|  | 1 // - I // I // I // I // I // I // I /   | Signature   | 4/                     |                      |                                 |                   | 60,963                 | Telephone               | (617) 774    | 4-0773        |  |  |
|  |  | Name (Print/Type)   | engesh Gulati          |                      | 1                               | ,                 |                        | Date                    | <del></del>  |               |  |  |



Express Mail Label No. EM 066426111 US Dated: October 25, 2007

Docket No.: BGI-132CPCN

(PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Markus Pompejus *et al.* 

Application No.: 10/721,922

Confirmation No.: 5830

Filed: November 24, 2003

Art Unit: 1635

For:

CORYNEBACTERIUM GLUTAMICUM

Examiner: J. J. Zara

GENES ENCODING PROTEINS INVOLVED IN HOMEOSTASIS AND ADAPTATION

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## **INFORMATION DISCLOSURE STATEMENT (IDS)**

## Dear Sir:

Pursuant to 37 CFR 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached PTO/SB/08. It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

This Information Disclosure Statement is filed more than three months after the U.S. filing date, after the mailing date of the first Office Action on the merits, but before the mailing date of a Final Office Action or Notice of Allowance (37 CFR 1.97(c)).

Applicants submit herewith copies of foreign patents and non-patent references in accordance with 37 CFR 1.98(a)(2). Applicants have not included two references, C355-C356, that were previously cited by the Examiner in the parent case, U.S. Application Serial No. 09/603124, filed 6/23/2000 (Atty. Docket No. BGI-132CP), but will provide them upon request.

10/26/2007 HLE333 00000032 120080 10721922

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180.00 DA

Application No.: 10/721,922 Docket No.: BGI-132CPCN

In accordance with 37 CFR 1.97, Applicants cite commonly owned co-pending application directed to related subject matter:

U.S. Serial No.

09/603124

Filing Date

June 23, 2000

Applicants understand that papers from the prosecution of the above-identified case may be accessed electronically via PAIR. Accordingly, copies of the foregoing applications or file histories thereof are not provided herein, but will be made available upon request.

In accordance with 37 CFR 1.97(g), the filing of this Information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information as defined in 37 CFR 1.56(a) exists. In accordance with 37 CFR 1.97(h), the filing of this Information Disclosure Statement shall not be construed to be an admission that any patent, publication or other information referred to therein is "prior art" for this invention unless specifically designated as such.

It is submitted that the Information Disclosure Statement is in compliance with 37 CFR 1.98 and the Examiner is respectfully requested to consider the listed references.

Please charge our Deposit Account No. 12-0080 in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 12-0080, under Order No. BGI-132CPCN.

Dated: October 25, 2007

MLZ/MG/BME/mch

Respectfully submitted,

Maneesh Øylati

Registration No.: 60,963

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Attorney/Agent For Applicant